

Name in Full

Certificate of Death

Hellen Green

Died at <sup>Town</sup> Cobb Neck.<sup>County</sup> Charles.

MARYLAND

Date 1905.	Month 9.	Day 26	Y.	M.	D.	Native of	Occupation
				1.	10	Infant	
<del>Female</del>	<del>White</del>	<del>Married</del>				<del>Widow</del>	<del>Divorced</del>
Female	Colored	Single				Widower	Number of children living

Husband of  
Wife

Father's Name Wilson

Mother's

Maiden Name

Ann Donnell

Cause of Death	Primary	Chills & Fever	How long sick	one week
	Immediate		Accident, Suicide, Homicide	

Reported by Jos. Darnell

Address Josue. P.O. Chas C. M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near</i> <sup>Town</sup> <i>Woods Roads</i>		<sup>County</sup> <i>Charles</i>		MARYLAND	
Date of death 190 <i>5</i>	Month <i>Sept.</i>	Day <i>9</i>	Age <i>70</i>	Years <i>14</i>	Months <i>14</i>
Sex <i>Female</i>	Color or Race <i>W</i>		Birth- place <i>Charles &amp; Md</i>		
Married, Sing'l or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <i>Robert Guttrick</i>			Father's Birthplace <i>Charles &amp; Md</i>		
Mother's Maiden Name <i>Ella Digg</i>			Mother's Birthplace <i>W. V.</i>		
Name of person giving In formation <i>Frank Digg</i>			How related to deceased <i>Grand Father</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Second Summer</i>	How long <i>3 months</i>
Immediate <i>Complaint</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. M. G. G. G.</i>
	Address <i>Aut Regt</i>
Accident or Suicide?	



Name  
in  
Full


## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

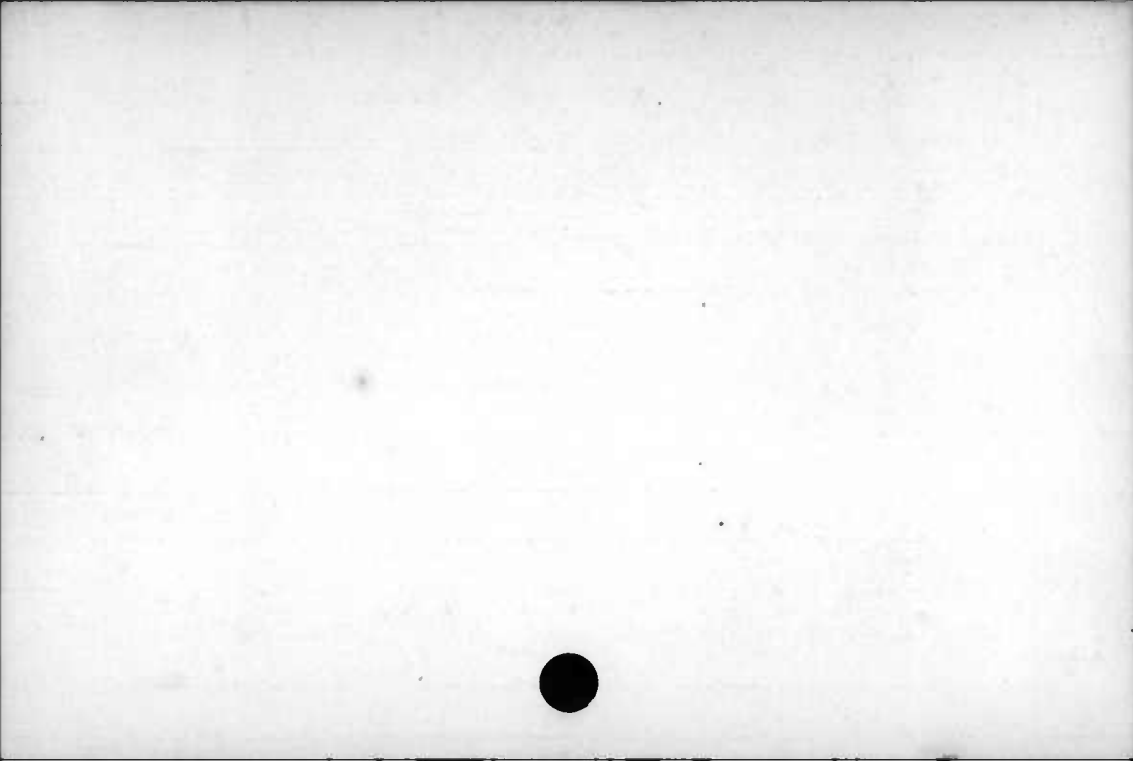
*George H. Muschette*  
Town County  
Died at *Near Waldorf Charles* MARYLAND  
Date of death *1905* *Sept* *4* *73* Months *—* Days *7*  
Sex *male* Color or Race *White* Birth-place *Charles Co*  
Occupation *Farmer* Where Residing if not at place of death *Home*  
Married, Single or Widowed *Married* Name of Wife or Husband *Mary E. Monroe*  
Father's Name *John M. Muschette* Father's Birthplace *Ind*  
Mother's Maiden Name *Alice Barnes* Mother's Birthplace *Ind*  
Name of person giving information *J. M. Muschette* How related to deceased *Sister*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Dysentery* How long *1 week*  
*Cerebritis*   
Immediate  
Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *G. O. Monroe*  
Address *Waldorf*  
*Ind*

~~Accident or Suicide?~~



Name in Full

Certificate of Death

James Thomas Reed

Town

County

Died at

MARYLAND

Date 1905 - Sept 27      Y.      M.      D.      Age - 1-14      Native of Md.      Occupation —

Male      White      Married      Widow      Divorced      Number of children living

Female      Colored      Single      Widower

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

9 days

Death

Immediate

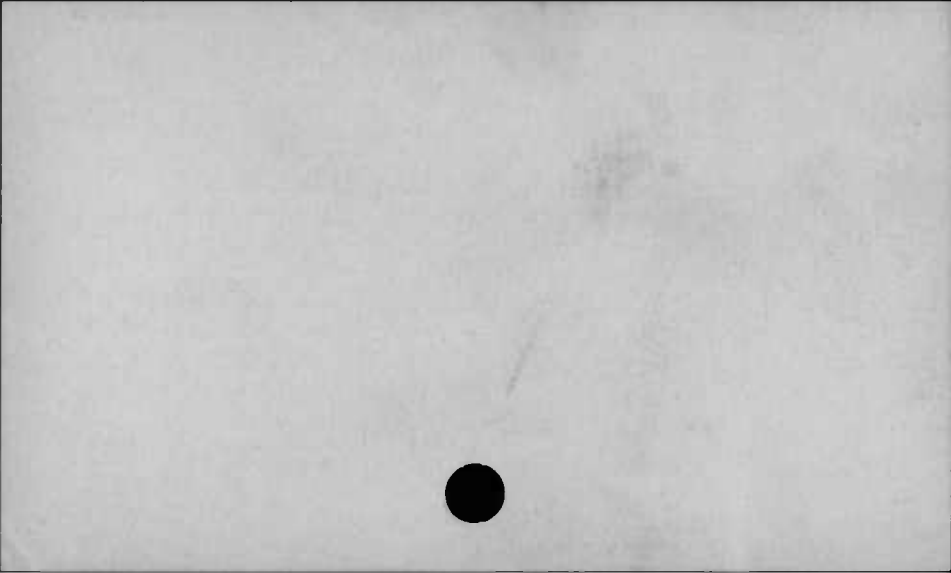
Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Mary Agnes Short</i>		Town <i>Powhatan</i>		County <i>Charles</i>		MARYLAND	
Died at <i>near Powhatan</i>		Date of death <i>190</i> <i>07</i> <i>9</i>		Day <i>8</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Charles Co., Md.</i>		Months <i>—</i> Days <i>1</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>Walter Short</i>				Father's Birthplace <i>Charles Co., Md.</i>			
Mother's Maiden Name <i>Levinia Butler</i>				Mother's Birthplace <i>Charles Co.</i>			
Name of person giving information <i>Walter Short</i>				How related to deceased <i>Father</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Not known, dead</i>	How long <i>—</i>
Immediate <i>When father reported</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Harry Kelly M.D.</i>
	Address <i>Brookland Md.</i>
Accident or Suicide? <i>—</i>	



Name  
in  
Full

Infant Child Smith, Mary  
Town County

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at		Pisgah		Charles			
Date of death		1900	Sept	Day	10	Age	Years
Sex		Female		Color or Race		Col -	
Occupation		none		Birth-place		Md	
Where Residing if not at place of death							
Married, Single or Widowed		Sgl		Name of Wife or Husband		none	
Father's Name		Denix Smith		Father's Birthplace		Md	
Mother's Maiden Name		Cornelia Jackson		Mother's Birthplace		Md	
Name of person giving information		Joe Jackson		How related to deceased		step Grand Father	

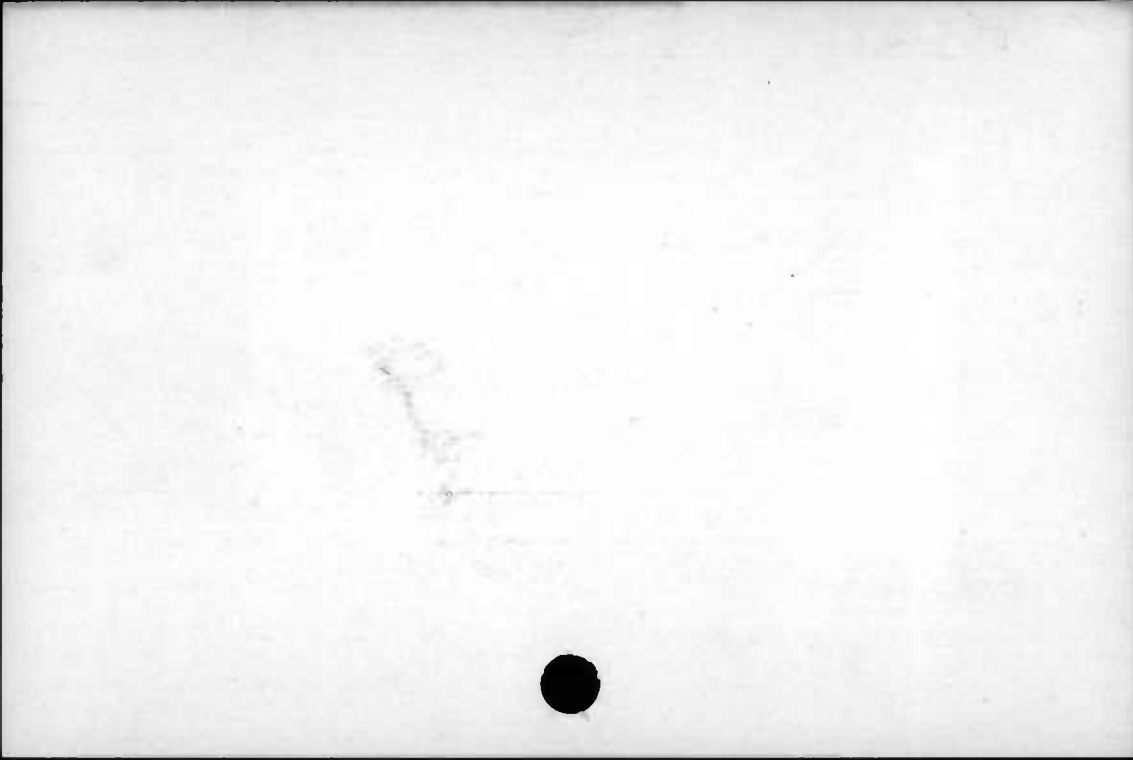
CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	

No Doctor in attendance

none in attendance  
C. D. Carpenter Sst. R.



Name in Full <i>John Hudby Swann</i>		CERTIFICATE OF DEATH	
Died at <i>Bell Alton</i> <small>Town</small>		<i>Chenues</i> <small>County</small>	
Date of death <i>1905 Sep 8</i>		Age <i>1</i> <small>Years</small>	
Sex <i>Male</i>		Color or Race <i>African (Mux)</i>	
Occupation <i>_____</i>		Birth-place <i>Chas. Co.</i>	
Married, Single or Widowed <i>_____</i>		Where Residing if not at place of death <i>_____</i>	
Father's Name <i>George Henry Swann</i>		Father's Birthplace <i>Chas. Co.</i>	
Mother's Maiden Name <i>May Roberta Proctor</i>		Mother's Birthplace <i>Chas. Co.</i>	
Name of person giving information <i>G. H. Swann</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
Primary <i>Mal - Consumption</i>		How long <i>1 year</i>	
Immediate <i>Inanition</i>		How long <i>3 mo.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>E. Spruance</i>	
		Address <i>Bell Alton Md.</i>	
Accident or Suicide? <i>_____</i>			

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Paul Swann

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Bell Alton* TownCounty *Charles*

MARYLAND

Date of death *1905* Month *Sept*Day *4*

Age

Years

Months *18*

Days

Sex

*male*Color or  
Race*Colored*Birth-  
place*Charles Co.*

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name*William J. Swann*Father's  
Birthplace*Charles Co.*Mother's  
Maiden Name*Barbara Proctor*Mother's  
Birthplace*Charles Co.*Name of person giving  
Information*William J. Swann*How related  
to deceased*Father*

## CAUSES OF DEATH

Primary

*Gastric Ectasia*

How long

*2 months*

Immediate

*cardiac failure*

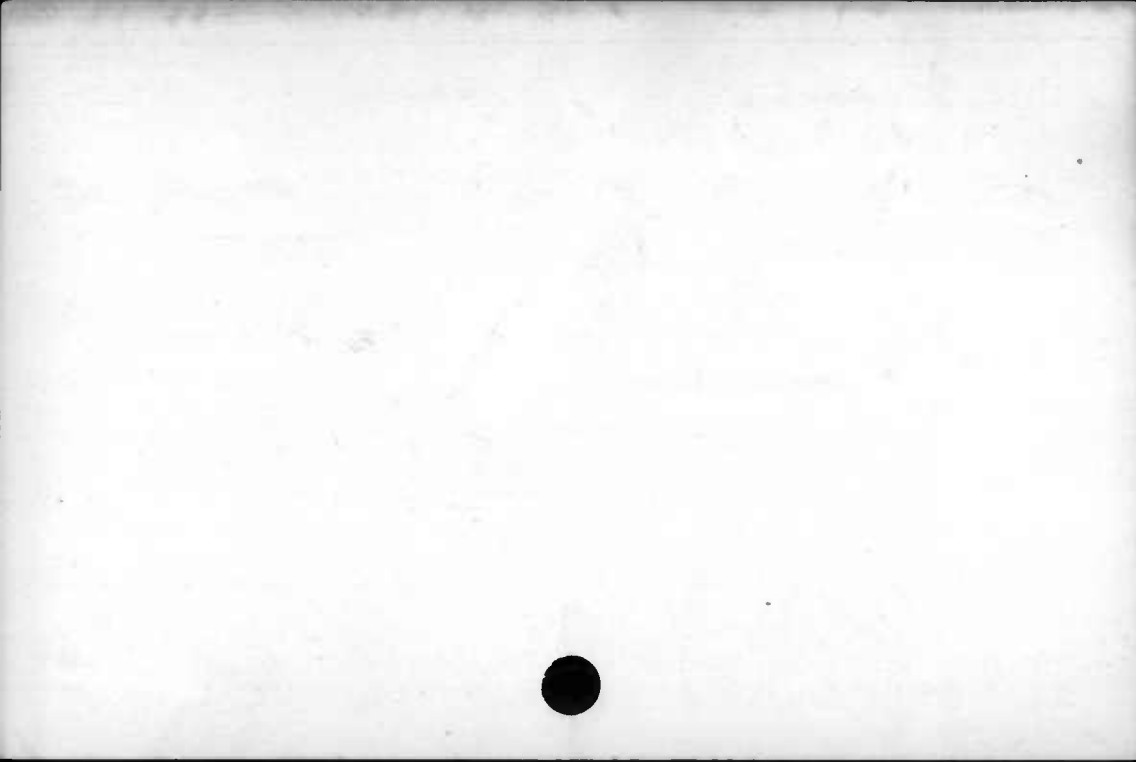
How long

*one hour*Are the name, age, sex, color, date  
and place correctly given above?*yes*Signature of  
Physician

Address

*Spencer  
Bell Alton  
Md.*

Accident or Suicide?





Name  
in  
Full

Sallie Duane

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>new Decatur</u> <sup>Town</sup>		<u>6 hours</u> <sup>County</sup>		MARYLAND	
Date of death	<u>1905</u> <sup>Month</sup>	<u>Sept</u> <sup>Day</sup>	<u>23</u> <sup>Age</sup>	<u>77</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>
Sex	<u>Female</u>	Color or Race	<u>White</u>	Birth-place	<u>Ind</u>
Occupation	<u>Housewife</u>		Where Residing if not at place of death <u>Decatur Ind</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband <u>Benny Duane</u>			
Father's Name	<u>odd</u>			Father's Birthplace	<u>Ind</u>
Mother's Maiden Name	<u>Sallie odd</u>			Mother's Birthplace	<u>Ind</u>
Name of person giving information	<u>GP Duane</u>			How related to deceased	<u>Son in Law</u>

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Respiration</u>	How long	<u>18 mo</u>
Immediate	<u>Heart failure</u>	How long	<u>same</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>H. C. Chapman Ind</u>
<u>Yes</u> Accident or Suicide? <u>—</u>		Address	<u>King's Hill Ind</u>

